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APPLICANTS

HAI BUI, FOUNTAIN VALLEY, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Allowance <i>Just</i> Examiner's Signature Initials				

ADDRESS

BLAKELY SOKOLOFF TAYLER & ZAFMAN LLP
 12400 WILSHIRE BOULEVARD
 7TH FLOOR
 LOS ANGELES, CA
 90025

TITLE

CONSTANT OCULAR PRESSURE ACTIVE INFUSION SYSTEM

FILING FEE RECEIVED 736	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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